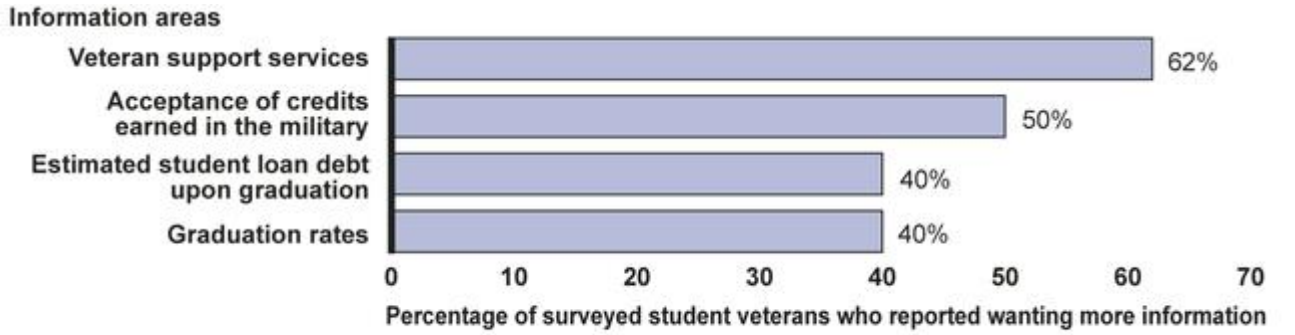
Federal Update for May 12 - 16, 2014

VA Education Benefits: VA Should Strengthen Its Efforts to Help Veterans Make Informed Education Choices

What GAO Found

Selected schools used various practices, from mass advertising to individual outreach, to recruit and inform prospective student veterans. Eight of nine schools GAO interviewed reported advertising in print or online media dedicated to military audiences. Most of the nine schools contacted veterans directly by phone or email, sometimes with military-focused recruiters, to provide information on benefits or services or to highlight the school as "military-friendly." Further, 29 of the 30 school websites GAO reviewed included a section specifically for veterans, some of which were featured prominently on the home page.

Many surveyed veterans reported that school communication was important in selecting a school; however, nearly 23 percent (about 15,200 veterans when generalized nationally) reported excessive contacts from schools and an estimated 10 percent (about 6,900 veterans nationwide) said they felt pressure to enroll. In addition, while most surveyed veterans reported receiving generally accurate information from their school, about 23 percent (about 16,500 veterans nationwide) reported receiving some information they viewed as inaccurate, such as estimated student loan debt. Many veterans also wanted more information from their schools, such as on veteran support services (see figure below). Inaccurate or incomplete information can lead veterans to choose schools that do not meet their needs and exhaust their benefits before achieving their goals. Veteran and higher education groups said that greater access to independent and objective advice would help veterans with their education choices.



Source: GAO analysis of responses to a nationally representative survey of student veterans receiving Post-9/11 GI Bill benefits for the first time in 2012. The error margins for these estimates are plus or minus 8 percentage points at the 95 percent confidence level.

The Department of Veterans Affairs (VA) has taken steps to inform and protect student veterans, but some efforts have been insufficient. VA is developing tools to help veterans understand their education benefits and compare information on schools. VA has also taken some action to improve veterans' awareness of its free education counseling services, as required by law, but its efforts to expand awareness among prospective students and ease the application process have been limited. At the same time, almost half of surveyed veterans were not aware of VA's counseling when considering schools. To help identify misleading or aggressive recruiting, VA has launched a new complaint system, created a risk-based approach to oversee schools, and taken other steps. While VA has made some progress implementing federally required initiatives, its project planning has lacked realistic timelines and goals—in contrast to sound planning practices. As a result, Congress and others lack information on VA's progress implementing planned initiatives to protect and inform student veterans.

Why GAO Did This Study

In fiscal year 2013, VA provided over $12 billion in benefits for veterans' postsecondary education; however, questions have been raised as to whether some schools are receiving these funds as a result of inappropriate recruiting practices. GAO was asked to examine issues related to schools' recruitment of veterans. This report examines (1) how selected schools recruit veterans, (2) veterans' school search and recruiting experiences, and (3) VA's actions to help veterans make informed decisions and to identify inappropriate recruiting practices.

For the first question, GAO interviewed officials from 9 schools and reviewed websites of 30 additional schools; both groups were selected for variation in

sector (public, nonprofit, and for-profit) and other criteria. For the second question, GAO surveyed a nationally representative group of student veterans, producing results generalizable to the student veteran population. For the third question, GAO reviewed relevant federal requirements and agency documents and interviewed agency officials. GAO also spoke with veteran and higher education organizations.

What GAO Recommends

GAO recommends that VA improve outreach and accessibility of its educational counseling services and more consistently develop and communicate realistic timelines as it implements initiatives based on federal requirements. VA agreed with GAO's recommendations and noted its current efforts to improve its outreach and planning efforts. The Department of Education had no comments on our findings or recommendations.

Recommendations for Executive Action

Recommendation: To ensure that veterans' education benefits are used effectively, the Secretary of VA should take additional steps to improve the outreach, accessibility, and usefulness of its educational counseling services, particularly for prospective student veterans, for example by (1) featuring these services in resources intended for prospective students veterans; (2) prioritizing efforts to enable veterans to apply for educational counseling online; and (3) considering cost-effective ways to gather more information on applicants, users, and key program areas (such as the timeliness of service) to better identify service needs or gaps and to improve the effectiveness of future outreach.

Agency Affected: Department of Veterans Affairs

Recommendation: To ensure that veterans' education benefits are used effectively, the Secretary of VA should more consistently develop, document, and communicate realistic timelines and goals for implementing VA initiatives based on federal requirements by identifying specific activities needed to achieve goals and associated implementation timelines, as well as resource issues or potential internal or external risks that may affect timing.

Agency Affected: Department of Veterans Affairs

Arlington National Cemetery Update ► Still Holds Secrets @ 150

A lingering image for any Arlington National Cemetery visitor — more than caissons bearing the soon-to-be-interred or even the white-gloved honor guard at the Tomb of the Unknown Soldier — is the perfect symmetry of alabaster headstones endlessly arrayed. The stone sentinels give up their dead only on close inspection to visitors who leave pathways to gingerly step close and read the black lettering etched into marble. “Christopher David Horton, Spc. U.S. Army, Afghanistan, Oct. 1, 1984, Sept. 9, 2011, Bronze Star, Purple Heart, Valiant Warrior, Fearless Sniper” are words on one of more than 900 graves from the Iraq and Afghanistan wars in the cemetery’s Section 60. For the dead — like Horton, killed in a hail of enemy AK-47 fire — the words are a spare summary of sacrifice; what Abraham Lincoln called “the last full measure of devotion.” More than 400,000 are buried here. The epitaphs are reminders that ever since Union Army Pvt. William Henry Christman became the first to be buried here on May 13, 1864 — 150 years ago Tuesday — this place has always been less about grandeur, stone and protocol than about people.

Navy Secretary Ray Mabus touched on this theme before a congregation at an Arlington burial service a year ago for two sailors killed in war: “We are joined as Lincoln again reminded us by ‘the mystic chords of memory, stretching from every battlefield, and every patriot grave, to every living heart and hearthstone.’” The sailors’ remains were recovered years earlier from the sunken wreckage of the USS Monitor, famed for battling a Confederate ironclad to a draw in 1862. As the Civil War dead were carried to their Arlington graves, hundreds gathered. Scattered throughout were sailors of today in dress uniforms eager to link with this moment, each crisply saluting from wherever they stood. The place is about people.

It was the bitterness of Quartermaster Gen. Montgomery Meigs that first led to the cemetery’s creation. Angry that his former mentor, Robert E. Lee, had joined the rebellion and desperate for more space to bury the accumulating dead of the Civil War, Meigs recommended that the Lee estate overlooking Washington be turned into a graveyard. Burials had already begun by the time approval came through on June 15, 1864. A century later, it was with a simple nod of her head

that Jacqueline Kennedy acquiesced to the gravesite for her husband on the slope below the Lee Arlington House. She insisted that the assassinated president be laid to rest in a public, accessible place because “he belongs to the people.” A half-century after that, it was the outpouring of grief by young widows, parents and battle buddies that led to the only consistent splash of color within 624 acres of cemetery — the balloons, childhood drawings, stuffed Easter bunnies and unopened bottles of beer left on the graves of Iraq and Afghanistan war dead. The now-widely recognized Section 60 is a long stroll from popular tourist sites such as the Kennedy grave and the Tomb of the Unknown Soldier. Unlike the deceased retired military that make up most of the 27-30 burials that occur at Arlington each day, the dead of Section 60 were so young, that the grieving here is far more intense. So it is a place where a grieving father may be seen laying prostrate on his son’s grave or where a mother sits in a thunderous downpour unaware that her lawn chair is sinking into a softening earth. Those who mourn regularly have coalesced into a kind of club, but one that one mother conceded “nobody wants to be in.” For visitors who stroll the walkways or ride the trolleys across the cemetery, there are more stories than a single trip can encompass. Here are seven seldom-known facts about the people of Arlington National Cemetery:

- For decades, an area south of the cemetery was home to thousands of former slaves. They began filtering into the capital area shortly after Lincoln’s Emancipation Proclamation, hundreds settling near Arlington House. Freedman’s Village was born and thriving with a school, hospital and church until disbanded about 1900, the land eventually included in the cemetery. About 3,200 unmarked contraband graves remain.
- Among the more infrequent of headstones at Arlington are those with gold lettering against the white marble. There are 403. These signify that the buried service member received the highest valor award — a Medal of Honor. One of the more recent belongs to 19-year-old Army Spc. Ross McGinnis, who lowered himself onto a grenade thrown inside the Humvee he was riding in Iraq in 2006.
- When John F. Kennedy was assassinated, his younger brother, Robert, urged that the grave be adorned with a simple white cross. He was overruled by his brother’s widow, Jackie. After Robert was assassinated five years later, he was laid to rest near his brother, the grave marked with a

simple, white wooden cross. The same now adorns the nearby grave of Edward "Ted" Kennedy. They are the only two wooden crosses in the cemetery.

- Among 16,000 Civil War dead buried at Arlington, including several hundred Confederate soldiers, is the son of cemetery founder Montgomery Meigs. Lt. John Rodgers Meigs died in a skirmish in October 1864. His father later had him re-interred at Arlington beneath a tomb depicting in statuary the lieutenant's death scene, his body lying in the mud amid trampling hoof-prints of Confederate horses.
- Amid the head-stone covered hills of Arlington is one bare but for three graves representing two generations and two wars. One is the grave of Gen. John "Black Jack" Pershing, who led U.S. forces in World War I. Nearby are two grandsons: John W. Pershing, an Army veteran who died 1998 and Richard W. Pershing, killed in Vietnam in 1968. Along the slopes of the hill are buried troops the elder Pershing commanded.
- Three of the seven service members depicted in the iconic Marine Corps Memorial, showing the flag raising on Iwo Jima, are buried at Arlington. Two, Ira Hayes and Rene Gagnon, survived the battle and lived to see the memorial built just outside the cemetery. The third, Michael Strank, was killed in combat six days after the famous AP photo that inspired the statue was taken.
- A very rare group at the cemetery are the 184 victims of the 9/11 attack on the Pentagon. They are represented as co-mingled, unidentified remains buried under a memorial. There are individual victim graves nearby. One person whose remains were never identified was a 3-year-old girl aboard American Airlines Flight 77 that struck the Pentagon. The site is in a distant southeast corner of the cemetery several hundred feet from the Pentagon. It is unique in Arlington to be buried so close to where death occurred, cemetery officials say. [Source: USA Today | Gregg Zoroya | May 11, 2014 ++]

DoD Benefit Cuts Update ► Pentagon Leaders Make A Last Stand

Top Pentagon leaders made a last stand 6 MAY in their months long offensive in support of military compensation reform, imploring senators to back plans to trim troops' pay raises and benefits in the fiscal 2015 budget. They've already lost on

the other front of the fight, with members of the House Armed Services Committee the previous week rejecting the proposed compensation changes in their initial draft of the annual defense authorization bill. If the Senate follows suit later this month, that will all but doom defense officials' plans to cut about $2 billion from personnel costs next year and redirect the money into training and modernization programs.

At issue are plans to cap the military pay raise at 1 percent next year, cut housing allowance rates by 5 percent over three years, reduce the value of the commissary benefit and reorganize the Tricare system to include new fees for nonactive duty users. Joint Chiefs Chairman Army Gen. Martin Dempsey and six fellow four-stars - his own deputy, the four service chiefs and the head of the National Guard Bureau - argued that those savings are crucial to preserve military readiness and modernization accounts, a refrain they have repeated to lawmakers since the 2015 budget proposal was unveiled three months ago. "Implementing this compensation package now will help us remain the world's best-trained, best-led and best-equipped military. Otherwise, we'll continue to hemorrhage readiness and cut into modernization funds." Dempsey said.
But outside advocates - and a growing number of lawmakers - have protested that the compensation plans cut too deeply into troops' wallets, leaving them with greatly diminished buying power even if their paychecks do not actually shrink. They maintain that DoD should hold off on any changes until at least next February, after the Military Compensation and Retirement Reform Commission issues a final report and recommendations on all pay and benefits programs.

Dempsey said that timetable will delay meaningful reform until the 2017 budget, and cost DoD up to$18 billion in potential savings. "We have enough information to request these nominal pay and compensation changes now," he insisted. "We know this budget features difficult choices ... but we have created a balanced package that enables us to fulfill the current defense strategy." Senators again reiterated dissatisfaction with self-imposed budget caps and looming sequestration spending cuts that have forced Pentagon belt-tightening, but have not offered any firm plans on a different way forward.

Members of the Armed Services Committee's personnel panel have indicated they want to wait for the commission report, although Sen. Carl Levin (D-MI), the committee chairman, appeared less willing to simply punt decisions to next year.

"We do not have the option of simply rejecting these compensation proposals," he said. "We would have to make alternative cuts." On 7 MAY, the House Armed Services Committee finalized its draft of the annual authorization bill, without the Pentagon's requested compensation changes. Lawmakers did not specify an offset for the $2 billion price tag next year, instead shifting dozens of spending priorities around to help pay for their preferred programs. They acknowledged that retirement and compensation will need an overhaul in the near future, but insisted the changes can wait nine more months for the commission's report. Pentagon planners will know if their lobbying efforts before the Senate committee were more successful by early June. [Source: NavyTimes | Leo Shane | 7 May 2014 ++]

GI Bill Update ► TEB Program Rules

Military members are required to serve an additional four years after deciding to transfer benefits to a family member under the Post-9/11 GI Bill Transfer of Education Benefits (TEB) program. Here are key points:

(1) Members to have at least six years of eligible service and agree to serve an additional four years.
(2) Spouses may use the benefit once the TEB is approved; however, children can use the benefit only after the service member has completed at least 10 years of service;
(3) Failing to complete the service agreement, including voluntary retirement, invalidates the agreement required to transfer the benefits; and
(4) Members must elect to transfer Post-9/11 GI Bill benefits using the TEB webpage in the milconnect portal at https://www.dmdc.osd.mil/milconnect.
[Source: NAUS Weekly Update May 9, 2014 ++]

VA Secretary Update ► American Legion Demands Resignation

The American Legion is demanding the immediate resignation of Veteran Affairs Secretary Eric Shinseki and two other top VA leaders, citing a pattern of "poor oversight" and "failed leadership." In a news conference 5 MAY, Legion National Commander Dan Dellinger said Shinseki's tenure at VA has been plagued by "bureaucratic incompetence" and disheartening results for veterans. The latest

scandal — allegations that as many as 40 veterans may have died because of delayed care and secret waiting lists at the Phoenix VA health system —was the last straw for officials at the Legion. “It’s not something we do lightly,” Dellinger said. “But we do so today because it is our responsibility as advocate for the men and women who have worn this nation’s uniform.” Dellinger’s full statement can be read at http://www.armytimes.com/article/20140505/NEWS01/305050047. The group is also calling for the resignation of Under Secretary for Health Robert Petzel and Under Secretary for Benefits Allison Hickey, saying new leadership is needed throughout the department.

The Legion, with more than 2.4 million members, is the nation’s largest veterans organization and one of the most influential. In recent years, the group has praised Shinseki’s work at VA, and a year ago even offered an angry defense of the secretary when a Time magazine article demanded his firing. But Dellinger said recent problems have changed the perspective of Legion officials toward Shinseki. He cited multiple recent scandals involving preventable patient deaths, controversy over executive bonuses, and a concern among Legion members that VA services are on the decline. “Our veterans need to know that the VA health-care system is a safe place where they can receive treatment and feel assured that patient safety is a top priority,” he said. “Errors and lapses can occur in any system. But The American Legion expects when such errors and lapses are discovered, that they are dealt with swiftly and that the responsible parties are held accountable. “This has not happened at the Department of Veterans Affairs. There needs to be a change, and that change needs to occur at the top.”

The comments were the harshest criticism Shinseki has endured since early 2013, when the mounting veterans’ disability claims backlog and problems with VA mental health care drew calls for top VA officials to resign. On 2 MAY, officials with the Veterans of Foreign Wars blasted “bureaucrats who are safely entrenched within the system” for a host of problems within VA, calling the Phoenix allegations “criminal malfeasance.” VFW asked for an independent review of the Phoenix situation separate from the VA Inspector General review that is already under way, calling that “akin to asking the fox to guard the hen house.” But VFW stopped short of demanding Shinseki be removed as VA secretary. Other advocacy groups, including Iraq and Afghanistan Veterans of America, have offered similar critiques without the resignation demands. Officials

at the conservative Concerned Veterans for America have been calling for Shinseki's ouster for months.

White House and VA officials offered no immediate response to the Legion announcement. Shinseki, who took office in January 2009, is the longest serving secretary in VA history and the longest serving leader of federal veterans programs since the end of the Vietnam War. He is also among the longest serving members of President Obama's Cabinet. [Source: MilitaryTimes | Leo Shane | May 5, 2014 ++]

VA Secretary Update ► Will Not Step Down | Urges Patience

Veterans Affairs Secretary Eric Shinseki is promising "swift and appropriate" punishment for any employees who may have been involved with medical appointment delays and subsequent coverups at VA hospitals in Arizona and Colorado. But Shinseki urged patience in waiting for investigators to fully uncover and report on the problems.

In an interview with Military Times on 7 MAY, Shinseki also spoke about recent criticism of his leadership style and the American Legion's demand that he and two of his top deputies resign from their jobs. He acknowledged frustration over the controversies, but said he has no intention of resigning and worries that the recent headlines will discourage veterans from seeking care in the system. Following is a partial transcript of the interview:

Q. How do you feel the department has responded to the Phoenix allegations?
A. Any time allegations like these come up, we're going to take a look. We take them seriously. When we heard about these allegations, in congressional testimony, that afternoon I invited the inspector general to go down to Phoenix and get to the bottom of things, do a complete and thorough review and get me a response as soon as possible. So that is underway. I also ensured he had the ability to do that, and the resources he needs. I have checked several times, and he feels he is resourced to do that, so I await the results. As this is happening, I just want veterans to know that VA is here to provide care for them. That's our only mission. We intend to do that well. Care has everything to do with quality, quality of service and quality of benefits. They've earned them, and we're going

to deliver them. I'd just like veterans to understand when they walk into one of our facilities that they're in a safe facility. And I want employees to understand it's our responsibility to provide that high-quality care. We have the responsibility to ensure that confidence is high.

Q. Why should veterans have confidence in the system?
A. That's why it's important to me to make sure veterans know they have high-quality care and that VA is committed to them. They are the reason we have a mission. Across our system, there are 1,700 points of care. Outpatient clinics, vet centers, even mobile systems that travel to the most remote areas. So it's a complex and a large system. Whenever an incident pops up, like in Fort Collins [Colorado] or Phoenix, we go and investigate. We take it seriously. And we tell people what we find. And then we survey the entire system, so if there is any place where concerns are being expressed, we find them and we take corrective action. In Fort Collins, it's an internal report that has surfaced this, and I've charged [VA Undersecretary for Health Robert] Petzel to look into it, to make sure corrective actions are taken, and to make sure no similar incidents are occurring anyplace else. That's underway.

Q. But is the department responding fast enough? Is the department moving as quickly as it can on these problems?
A. We try to move as quickly as we can in these reviews. It's not just looking at a single incident. That takes time. It takes longer than I'd like to be able to get those findings and get corrective actions. But sometimes these processes take time. We go back five years, 10 years to do a thorough review. That takes time. It takes longer than I'd like to be able to get those findings and get corrective actions. But sometimes these processes take time. When we find anything, we're in position to take corrective action across the system. In a large health care system like we have — 85 million appointments a year, 25 million consults a year — if we're going to do the deep dive and find out what the root causes were, we have to wade through that information. Once we have the findings we need, we take corrective actions.

Q. Why should veterans feel confident someone will be held accountable?
A. Our record is pretty clear. As a department, in the last two years, we have removed roughly 3,000 people a year who didn't meet our standards or couldn't live by our values. So we do have tools. And we have demonstrated that, even at

the executive level, we're willing to take action. That's why I want the independent IG to provide us with findings. If any of the allegations are substantiated, we're going to take swift and appropriate action. I don't like the allegations, and I want to find out more.

Q. What was your personal reaction to the Phoenix allegations?
A. We didn't have any details. This came up in testimony. There apparently is a list with 40 veterans' names on it. We tried to acquire that, we were never given that list. So we asked the IG to get involved in a formal review. He has those lists, and we're waiting for those outcomes.

Q. Do you feel like you've been a visible enough leader on this?
A. I do engage veterans. I meet with the veterans service organizations monthly. It's a direct, no-holds-barred discussion. I travel to their conventions, where I speak to the veterans membership. I do travel. I've been to all 50 states. When I do, I engage veterans locally. So I get direct feedback from those veterans. That feedback provides some grist to our discussions.

Q. But is that enough on a national level?
A. That's part of the reason we're talking today, and you'll see me doing more of this. But I am sensitive to the IG's independent review in Phoenix, and am careful not to get out ahead of him. He has an important responsibility, and anything I declare or if I suggest there are outcomes is not helpful to him.

Q. Were you surprised by the American Legion's call for your resignation?
A. I spent five years working very hard to develop a relationship with the veterans service organizations. We have together worked some major projects. I didn't know [the Legion announcement] was going to happen. I learned a long time ago these things aren't personal. It's a demonstration that I need to work harder here, redouble my efforts, improve communication with all the VSOs, especially with the American Legion. That's what I'm focused on, that's what I'll go to work on.

Q. What about their calls for the resignation of Petzel and Undersecretary of Benefits Allison Hickey?
A. [Petzel and Hickey] are doing what I asked them to. They have expectations they're going to deliver on those tasks. Hickey has a [disability benefits claims] backlog to end in 2015. She's knocked a good piece of that off.

Q. How quickly will we see a response after the IG's report on Phoenix is finished?
A. It'll be quick. But we ought to wait to see what the IG report says, and what it tells us.

Q. Should you have had a better handle on what was happening in Phoenix, and elsewhere in the VA?
A. It's tough. It's a big system, and it's demanding. But it doesn't lessen the importance of leadership here. Whenever an allegation like this comes up, we're going to react. We're going to thoroughly investigate, get to the bottom of things. And, if substantiated, we'll take swift and appropriate action. What I want veterans to know is that VA is here to care for them. VA is a good system — health care wise, safety wise — highly comparable to any other system out there. Our oversight reviews tell us that. I'm very comfortable in the quality of our system. I also want our employees to understand that serving veterans is our only mission. I expect them to provide the highest quality of care to veterans, as they have been. Veterans themselves, in the feedback I'm provided, over 90 percent are confident and comfortable they are receiving quality care. That's want I want to make sure we continue, that veterans have that confidence.
[Source: MitiaryTimes | Leo Shane | May 7, 2014 ++]

VA PACT ► Patient Aligned Care Teams

VA is the largest integrated health care system in the United States, caring for approximately 5.3 million Veterans in primary care settings. Over the past two years, VA has bolstered its support to all medical centers to expand established Patient Aligned Care Teams (PACTs). Teams are comprised of a provider, a Registered Nurse care manager, a clinical associate, and an administrative associate. Clinical pharmacists, social workers, nutritionists, and behavioral health staff support PACTs. Since implementing PACTs, the number of primary care patients has increased 12 percent, and the number of encounters with Veterans has increased 50 percent mostly due to telehealth, telephone and group encounters. Communicating with health care professionals through secure electronic means has increased dramatically as well. Despite the increase of primary care patients, access to primary care has improved and continuity of care is better.

Additionally, approximately 65 percent of Veterans requesting a same day primary care appointment with their personal provider are accommodated and 78 percent of Veterans are able to see their own primary care provider for an appointment on the date they desire. Veteran access to primary care during extended hours (non-business hours) has increased 75 percent since January 2013. Over 72 percent of all Veterans discharged from VA are contacted within two days to ensure they are following discharge instructions and check in on their condition. These critical post-discharge follow-ups are important to reducing readmissions. Mental Health Integration is also a critical component of PACTs and the program's goal to provide coordinated care. Veterans now see mental health providers in the primary care setting. In just one year (FY12-FY13) using the PACTs model, mental health services offered in VA primary care clinics increased 18 percent.

Overall, PACTs program implementation has been associated with important utilization changes—fewer primary care patients are receiving care in urgent care settings (decreased 33 percent) and acute hospital admissions have decreased 12 percent due to improved care management and coordination from PACTs. Equally important, both rural and urban Veterans report a high level of satisfaction with VA services. Veterans also indicated they are more likely to recommend treatment at a VA facility than at non-VA facilities. This positive feedback is consistent with the 2013 American Customer Satisfaction Index, which reported that Veterans strongly endorse VA health care, with 91 percent offering positive assessments of inpatient care and 92 percent for outpatient care. The PACT model has allowed VA to create COMPASS—a dashboard program which extracts and derives these types of metrics and information from multiple VA sources to track the status of the implementation. The PACT initiative is consistent with VA's commitment to its 12 patient-centered principles:

- Honor the Veteran's expectation of safe, high quality and accessible care.
- Enhance the quality of human interactions and therapeutic alliances.
- Solicit and respect the Veteran's values, preferences and needs.
- Systematize the coordination, continuity and integration of care.
- Empower Veterans through information and education.
- Incorporate the nutritional, cultural and nurturing aspects of food.
- Provide for physical comfort and management of pain.

- Ensure emotional and spiritual support.
- Encourage involvement of family and friends.
- Provide an architectural layout and design conducive to health and healing.
- Introduce creative arts into the healing environment.
- Support and sustain an engaged workforce as key to providing patient-centered care.

"Our PACTs outcomes to date support VA's ongoing health care transition to a health system focused on a personalized approach to care. We seek to help every Veteran achieve his or her unique health goals." said Dr. Robert A. Petzel, VA's Under Secretary for Health. [Source: VA News Release 30Apr 2014++]

VA Bonuses Update ► House Passes Ban Amendment

The House on 30 APR passed an amendment to the Veterans Affairs Department spending bill to prohibit bonuses for any senior executives at VA in fiscal 2015, despite outcry from federal employee groups that say the ban will drive employees out of federal service. The amendment, introduced by Rep. Keith Rothfus (R-PA) passed without objection by voice vote. The larger, $71 billion spending bill, which also appropriates funds for military construction projects, passed easily by a 416-1 vote. "Paying bonuses to senior executives of an organization with an abysmal performance record is ridiculous," Rothfus said on the House floor when introducing his amendment. "These valuable resources should be used to ensure that our veterans receive the first-rate service and care they rightfully deserve."

The House cleared a similar amendment during last year's appropriations process for fiscal 2014, but the Senate never took up the legislation. The Republican-controlled House has repeatedly targeted the VA after the agency has consistently displayed poor oversight and fallen short of claims backlog reduction goals. Members have passed several bills to eliminate bonuses and to make it easier to fire executives. Still, the VA and advocacy groups disapproved of the measure. "The action by the House today was unnecessary and does nothing to address the critical issues of the claims backlog and access to patient care," the Senior Executives Association said in a statement. "A blanket ban on performance

awards only serves to punish those senior executives who are high performing and those who may not have a direct line of responsibility for the issues being raised in Congress."

A report on the original language of the spending measure said members' concerns over senior executives' bonuses had been assuaged. "VA has centralized senior executive award decisions, strengthened the link between organizational performance and awards, added an additional level of review in consideration of awards, and significantly reduced the value of awards compared to prior years," the report stated. "Most importantly, the performance." VA has made progress delivering care to veterans, the department said in a statement. "VA must remain competitive to recruit and retain the best people in order to continue our progress." the statement said. [Source: GovExec.com | Eric Katz | 1May 2014 ++]

VAMC Phoenix AZ Update ► EWL Guidelines Not followed

The Phoenix Veterans Affairs Healthcare System in 2012 finally installed an electronic waitlist system that an internal manual reveals had been available and deployed elsewhere in the Veterans Affairs Department since at least 2002. The electronic waitlist, or EWL, that was deployed across the Veterans Health Administration in 2002 aimed to do away with "ad hoc" waitlists, like the one discovered by CNN in Phoenix 12 years later. "Ad hoc 'waiting lists' of new veteran enrollees to be entered into the scheduling system are known to exist, and waiting times for new enrollees seeking care are anecdotally reported to be long," Laura Miller, then-VA deputy undersecretary of health operations and maintenance, wrote in a 2002 memo quoted in the manual. "We will attempt to formalize an 'electronic waiting list' in VistA [Veterans Health Information Systems and Technology Architecture electronic health record] to more consistently and accurately reflect demand across VHA, and reduce the risk to enrollees lost to follow-up due to clerical error."

In a letter earlier this week to Rep. Jeff Miller (R-FL), who chairs the House Veterans Affairs Committee, VA Secretary Eric Shinseki said Phoenix was not in compliance with agency policy before it installed the electronic waitlist in 2012. "As is VHA policy, new patients who cannot be provided clinical appointments

within 90 days of the date of the request should be placed on the EWL," Shinseki said. "At this juncture, it does not appear that PVACHS patients who were not able to be seen within 90 days were handled consistently prior to the arrival of the current management team in 2012. Patients appear to have been scheduled beyond 90 days and not placed on the EWL, contrary to VHA's policy for new patients. When the existing leadership came on board in 2012, they initiated VHA's current national standard policy and the use of the EWL." A March 19, 2014 update to the EWL now allows scheduling more than 120 days from the desired appointment date. VA is supposed to provide care to patients in a timely manner, within 14 to 30 days.

Ozzie Garza, a VA spokesman, said the EWL has actually been in use by VA since 2001. "In the past, some facilities listed both new and established patients on the EWL. In an effort to remedy this inconsistency, VHA issued a clear policy statement in March, 2013," he said. "Only new patients should be placed on the EWL. With minor exceptions, new patients are defined as those who have not been seen in the clinic for which the appointment is requested for the past 24 months. "VHA endeavors to schedule new patients within 30 days of their desired date. However, when this cannot be accomplished due to clinic capacity, and the patient cannot be accommodated within the 90 days, the facility is required to place that individual on the EWL," Garza said. According to a former VA official, each of the 152 VA hospitals decided when to use the EWL application "and Phoenix was one of the very last to deploy." He added, "Transition from a paper based system to the electronic one was not handled well. From what I hear, there was a great deal of resistance from staff as well." [Source: Nextgov.com | Bob Brewin | May 9, 2014 ++]

VAVA ► Group Formed to Eliminate VA

A veterans group has been formed to eliminate the Veterans Administration (VA), accusing the VA of being a "medical gulag system." The group, Veterans Against the Veterans Administration (VAVA) was formed prior to the current scandals engulfing the VA in Phoenix, Ohio, and Florida. The group's plan calls for all veterans to receive insurance under President Obama's Affordable Healthcare Act, for American tech giants Apple, Google, Microsoft, or Yahoo to work with private insurance companies to create an efficient compensation apparatus, and for all education benefits to be handled by the colleges and universities instead of

the VA. The VAVA cites a shockingly prophetic 1995 column by the late New York Times columnist William Safire entitled "This Dinosaur Must Die Soon" as validating its position (http://www.spokesman.com/stories/1995/jan/14/this-dinosaur-must-die-soon/).

According to the VAVA's data, the changes would end all delays in veterans receiving proper healthcare, compensation, and end the epidemic of patient deaths throughout America. Media reports reveal that the VA has paid out over $200 million to settle 1,000 wrongful death allegations (http://blogs.kqed.org/newsfix/2014/04/02/VA-veteran-wrongful-death-payments). The group's founder warned US Senators Carl Levin and Richard Burr of the danger posed to veterans by VA hospitals beginning in the 1990's. The VAVA alleges that Congress has a double standard when it comes to private corporations accused of wrong doing versus the VA and other government agencies. The VAVA specifically cites the harsh treatment of General Motors (GM) CEO Mary Barra by Congress concerning 13 deaths linked to a faulty ignition over a 10 year period. The VAVA asserts that three times as many deaths of veterans occur daily as did in the entire GM issue, solely due to the VA. The VAVA alleges that VA chiefs such as Secretary Eric Shinseki and VA administrators have been given a pass for decades by Congress.

The group estimates that the entire $160 billion budget of the VA can be eliminated by replacing the compensation system with buy outs and private insurance. The VAVA opposes any attempts to reform the VA, likening the effort to attempting to "turn a typewriter into an IPAD". The VAVA states its mantra is defined by the question, "If the VA medical model is so good, why doesn't the Mayo Clinic, Henry Ford Health System, or Johns Hopkins use it?" The VAVA asserts that any private hospital system that followed the VA system would be sued out of business in short order and shut down by government regulators. The VAVA charges that VA as a "bureaucratic welfare racket" rather than medical health system. The VAVA asserts that organizations such as the America Legion and Iraq and Afghanistan Veterans of America are part of the problem rather than part of the solution.

The VAVA also notes that the VA has not properly warned veterans of health threats that exist due to their service in the Desert wars, such as a lethal allergy to bed bugs. The allergy has been verified by one of America's top immunologist

located in South Carolina. The VAVA is calling on Congress to immediately provide private mental healthcare to veterans, due to the threat posed by untreated veterans to civilians and other soldiers. The group cites Navy SEAL Chris Kyle's murder, the DC Naval shipyard and Ft. Hood shootings as evidence of the need for urgency in this area to avoid Columbine and Newtown like incidents involving veterans. The VAVA will present its recommendations and personal accounts of VA incompetency. This includes the tale of the lifesaving treatment the VAVA's founder received at Mt. Sanai hospital in Miami due to the VA's refusal to provide such care. [Source: PR Newswire | VAVA PR | 13 May 2014 ++]